

CLAIMS ONLY						Application Number <i>10-616816</i>	Filing Date <i>9-15-04</i>
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						S1
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9	/						59
10		/					60
11		/					61
12		/					62
13		/					63
14		/					64
15		/					65
16		/					66
17		/					67
18		/					68
19	/						69
20		/					70
21	/						71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	<i>4</i>						Total Indep
Total Depend	<i>17</i>						Total Depend
Total Claims	<i>21</i>						Total Claims

BEST AVAILABLE COPY